Request for Congressional Inquiry and Privacy Release

The Privacy Act of 1974 prevents agencies from releasing information about you to anyone without your written consent. Therefore, Congressman McEachin must have your written authorization before he can initiate an inquiry with a federal agency on your behalf.

To Whom It May Concern:

I respectfully request and authorize US Representative A. Donald McEachin, of Virginia's Fourth Congressional District, or any authorized member of his staff to act on my behalf and to receive information from the proper officials regarding my issue.

Oate Sign	ned
Please Print:	
Name	
Physical Address N	Tailing Address (if different)
City, State,Zip	County/City
Nork Number	Home Number
Cell Number	Which number is preferred
Email	
SSN	VA, Alien ID or other Claim
Date of Birth	Country of birth
Have you opened a case with another office?	If so, which one
ederal Agency to which this claim pertains:	
FCCFTCEPAFAAOPM	EEOCNPRCFEMASSAIRSUSPS
VAOLMedicareImmigratio	nPassportDOD/Military branch
Date of initial Agency Contact	
SSA, VA or Immigrant Benefit application (yes/no)_	If yes, interview date
Date of application	Current Status (pending/denied/appealed)
Receipt Number	US Embassy Handling the case (if applicable)
Briefly Describe the Situation (attach additional she	et, if necessary)

Please list any individuals other than yourself with whom you would like us to discuss the case and contact information for them:
Please return completed form to:
Congressman A. Donald McEachin
110 North Robinson St. Suite 401 Richmond, VA 23220
Or

Any questions, please contact our District Office: 804-486-1840

Fax form to 202-226-1170